

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee <b>Heather A Smith</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 06 / 2014</b>		
Mailing Address <b>995 Clairborne Rd</b>			Amount <b>45.00</b>		
City <b>Calhoun</b>	State <b>LA</b>	Zip Code <b>71225</b>	Transaction ID : <b>27f19e6c-cce9-4563-9</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 06 / 2014</b>		
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <b>256110.61</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Heather A Smith</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 06 / 2014</b>		
Mailing Address <b>995 Clairborne Rd</b>			Amount <b>19.80</b>		
City <b>Calhoun</b>	State <b>LA</b>	Zip Code <b>71225</b>	Transaction ID : <b>ca40ce3a-e8a2-400e-8</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 06 / 2014</b>		
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <b>256110.61</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<b>64.80</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY <b>11 / 08 / 2014</b>		